AMENDMENTS TO THE SPECIFICATION

Please replace the paragraph beginning on page 1, line 5 and ending at line 16, with the following rewritten paragraph:

-- The conventional methods for detecting tuberculosis is time consuming & labour-intensive. Acid-fast bacilli (AFB) ~~consuming AFB~~ staining is considered to be insensitive (requiring 10,000 organism/ml of sputum for smear positive result with 100x microscope, refer Todar's Text Book of Bacteriology Online). ELISA-KP 90 is also known to be of low sensitivity and specificity ~~and specificity~~ (cut-off value >1.0 +ve, and <0.8 -ve test result) and requires sophisticated infrastructure as also the hypersensitivity based Tuberculin Skin Test (Montaux test), which lacks sensitivity, and specificity in BCG vaccinated patient ~~(Constantin P. et. al., Inf & Imm 1998; 66)~~. In the same way MYCODOT is inconvenient for HIV correlated individuals (14). ~~(refer G. R. Somi et. al., Int J Tubercle and Lung Disease, 19999, vol 3)~~ ~~and~~ Bactec-460 radiometric system (Becton Dickinson Instrument Systems, Sparks, MD. USA) is sensitive and is being used globally, but it took 5-10 days time for interpretation of the results and need for safe disposal of the radioactive waste products ~~and~~ whereas the Roche molecular system PCR based product~~)~~ are though sensitive requires very costly infrastructure and technical expertise (2 and 4). --

11/9/10

Please replace the paragraph beginning on page 2, line ~~5~~ 6 and ending at line 17, with the following rewritten paragraph:

-- According to this invention there is provided a diagnostic kit for detecting pulmonary & extra pulmonary tuberculosis comprising a test card "TB Screen" coated with a hydrophobic material, antigen suspension, positive and ~~Negative~~ negative control.

In accordance ~~to~~ with this invention there is provided a method of detecting tuberculosis using the kit comprising